

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09/582863

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		2		/		
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5		0		/		
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TOTAL IND.	4		4			
TOTAL DEP.	17		15			
TOTAL CLAIMS	21		19			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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BEST AVAILABLE COPY